

# TOWN OF FOUR OAKS EMPLOYMENT APPLICATION

INSTRUCTIONS: It is important that you fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. Incomplete and unsigned applications will not be processed. Resumes will not be accepted in lieu of the Town of Four Oaks application.

## Application Information: Please print clearly

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address / PO Box

City

State

Zip Code

Email: \_\_\_\_\_ SS# \_\_\_\_\_

Date Available to Start Work: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Are you a citizen of the United States?    Yes    No

If no, are you authorized to work in the U.S?    Yes    No

Are you related by blood or marriage to any Town employee?    Yes    No

Have you ever worked for the Town of Four Oaks?    Yes    No

Have you ever been convicted of a felony?    Yes    No

Do you have a valid driver's license?    Yes    No    State: \_\_\_\_\_    Number: \_\_\_\_\_

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## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Graduate? Yes No Diploma: \_\_\_\_\_

## Skills, Certifications

Please list any skills, abilities, special certifications, licenses, special training, or courses you have had that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate. Also, list computer skills as indicated below.

- |          |           |
|----------|-----------|
| 1) _____ | 6) _____  |
| 2) _____ | 7) _____  |
| 3) _____ | 8) _____  |
| 4) _____ | 9) _____  |
| 5) _____ | 10) _____ |

Please list computer knowledge and specific software skills:

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## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

# TOWN OF FOUR OAKS EMPLOYMENT APPLICATION

## Previous Employment

Record your complete work history in the spaces below (resume may be attached; however, this section must be completed). Begin with your current or most recent employer first. Use continuation sheets as necessary to account for your full record. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Worked: From \_\_\_\_\_ to \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities:

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Reason for leaving?

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May we contact your supervisor for a reference? Yes    No

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Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Worked: From \_\_\_\_\_ to \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities:

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Reason for leaving?

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May we contact your supervisor for a reference? Yes    No

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Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Worked: From \_\_\_\_\_ to \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities:

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Reason for leaving?

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May we contact your supervisor for a reference? Yes    No

Please feel free to make copies of this page if you need additional space.

# TOWN OF FOUR OAKS EMPLOYMENT APPLICATION

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, please explain:

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## Disclaimer and Signature

Please read and sign the statement below. References from your current employer will not be contacted unless you have granted permission on the previous page.

I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge and belief, and that it fairly represents my background and experience. I understand that any knowing misrepresentation, falsification, or omission of information during the application process may result in disqualification from employment consideration or, if discovered after hire, termination of employment with the Town of Four Oaks.

I authorize my current and former employers to provide all information regarding my employment, whether recorded or unrecorded, to the Town of Four Oaks. I release such employers and the Town of Four Oaks from any liability or damages arising from the disclosure or use of this information.

I further authorize the Town of Four Oaks to conduct background investigations as necessary, including Police, Court, and/or Motor Vehicle Records checks.

I authorize schools and other educational institutions I have attended to release information regarding my academic performance, degrees, certifications, or diplomas earned to representatives of the Town of Four Oaks for the purpose of verifying my educational background.

I understand that employment may be contingent upon successful completion of drug and alcohol testing. I consent to such testing and acknowledge that the results may affect my employment eligibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# TOWN OF FOUR OAKS EMPLOYMENT APPLICATION

## Supplement to the Town of Four Oaks Employment Application

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### Selective Service Registration (*for males ages 18-25*)

If you are a male between the ages of 18 and 25, have you registered for Selective Service?    Yes        No

Males who are age 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local governments from employing anyone who has not complied with the requirement. If you have not registered, you will have 30 days to comply if selected for a position as required by Federal Law.

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### Overtime Compensation Agreement

Consistent with the provisions of the Fair Labor Standards Act, it is the Town of Four Oaks' policy to compensate non-exempt employees for overtime work with compensatory time off or overtime pay. If employed in a non-exempt position, I agree to accept, at the discretion of the Town of Four Oaks, either compensatory time off or overtime pay, as appropriate compensation for overtime work that I may be required to perform as an employee of the Town of Four Oaks.

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### Certification (this form must be signed)

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

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Signature

Date



# TOWN OF FOUR OAKS EMPLOYMENT APPLICATION

## Employment Background Authorization & Release

I hereby authorize Background Investigation Bureau, Inc. to obtain any and all information that pertains to my eligibility for employment. This information will include, but is not limited to arrest, and/or criminal records, credit history, driver/motor vehicle abstract, employment verification, education verification, and social security number verification. I also understand that the information below regarding sex, race, and date of birth is requested for the sole purpose of gathering the above information correctly and will not be used to discriminate against me in violation of any law.

I hereby authorize, without reservation, any party or agency to furnish the above-mentioned information. I further authorize the procurement of the above-mentioned reports at any time during my employment or contract.

\*\*\* PLEASE PRINT ALL INFORMATION CLEARLY \*\*\*

Personal Information (List all names you have used)

LAST	FIRST	MIDDLE
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Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

I state that the information provided is accurate to the best of my knowledge. I also understand that information about my background may contain negative information about my character and style of living. My signature releases any liability against Background Investigation Bureau, Inc. or it's acting agents. A photo or fax copy of this release form will be valid as on original thereof, even though said copy does not contain an original writing of my signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal and Confidential Information